

Regimen Monograph

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A - Regimen Name

CRBPNPAC Regimen

CARBOplatin-nab-PACLitaxel

Disease Site Gynecologic - Endometrial
Gynecologic - Ovary

Intent Adjuvant
Curative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses For patients who have had a severe hypersensitivity reaction to paclitaxel (in CRBPPACL) despite adequate premedications

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B - Drug Regimen

nab-PACLitaxel	260 mg /m ²	IV	Day 1
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(This drug is not currently publicly funded for this regimen and intent)

CARBOplatin	AUC 5 to 6	IV	Day 1
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Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in Other Notes section.

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C - Cycle Frequency

EVERY 21 TO 28 DAYS

To complete total number of cycles as planned in the original paclitaxel-carboplatin regimen, unless disease progression or unacceptable toxicity occurs

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J - Administrative Information

Approximate Patient Visit	1.5 hours
Pharmacy Workload (average time per visit)	44.649 minutes
Nursing Workload (average time per visit)	49.167 minutes

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K - References

Alberts DS, Blessing JA, Landrum LM, et al. Phase II trial of nab-paclitaxel in the treatment of recurrent or persistent advanced cervix cancer: a gynecologic oncology group study. *Gynecol Oncol* 2012 Dec;127(3):451-5. doi: 10.1016/j.ygyno.2012.09.008.

BC Cancer Protocol Summary for Alternative Treatment of Gynecological Malignancies Using CARBOplatin and PACLitaxel NAB. BC Cancer Agency, Sep 2020.

Srinivasan KN, Rauthan A, Gopal R, et al. Combination therapy of albumin-bound paclitaxel and carboplatin as first line therapy in a patient with ovarian cancer. *Case Rep Oncol Med* 2014;2014:940591. doi: 10.1155/2014/940591.

February 2021 new ST-QBP regimen

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L - Other Notes

Calvert Formula:

DOSE (mg) = target AUC X (GFR + 25)

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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